Voucher prepared at	<i>U. S.</i> COS	T REIMBURS		woon or establishment				[PA	ID BY	
The United States, Dr., Payee's Account No. (City) (Sinic) (City) (Sinic) (Copy y) (Sinic) (Copy y) (City) (Sinic) No. and Date of Delivery or Service (Enter description, item number of contract or Federal supply Schedule, and other information deemed necessary) Payment: Complete	Voucher prep	ared at	·						_		
PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. Cist Contract No. Req. No. Date Invoice Rec'd. Porsuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$. C	and I	1435	
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ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		ACCOU	NTING CLASSIFICATION	(Appropriation Syn	ibol must be si	nown; othe	r classificat	ion option	al)		
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